

PI - Opening a Provider Full Review

Purpose:

To describe the process used to initiate a full review case.

Identification of Roles:

IME Program Integrity (PI) Unit—responsible for opening a full surveillance and utilization review case.

Performance Standard:

None

Path of Business Procedure:

Opening a Full Review

The Reviewer receives project approval from the Supervisor in response to a Reviewer Recommendation and Project Initiation form (PI F-102). The date the project receives approval is the date that the case is considered active.

Step 1. The Reviewer initiates the case with the following actions.

- a. Ensure that the Reviewer Recommendation and Project Initiation form has been approved by the Supervisor and completed by the Technical Quality Assistant.
- b. Update Case Level in the PI Database.

(Refer to procedures for “Preliminary Review” and “Full Review” for additional reference material.)

Step 2. Maintain the paper file for each provider selected for a full review case.

- a. Label new files with the provider’s name, Medicaid or National Provider Identifier (NPI) number and Provider Review (PR) number.
- b. In the Medicaid Management Information System (MMIS) print the screen identifying the provider’s information. Press the F-3 key while in the provider information screen to access the correspondence address. Also print this screen.

- c. Staple these screen prints to the left side of the case file folder. (The screen prints will identify the provider's number, provider types, date the provider became active and the correct correspondence address.)
- d. If applicable the case file folder may contain the following items.
 - 1. Documentation leading to case assignment (e.g., printed copy of the contact log, initial review documentation)
 - 2. Provider Master Display Screen 1 Medicaid Management Information System (MMIS)
 - 3. Pay to Provider Information (Correct Correspondence Address)
 - 4. Provider Paid Amounts (Data Warehouse)
 - 5. SUR Subsystem Reports
 - 6. Data Warehouse reports and/or queries
 - 7. Preliminary Review Information
 - 8. Medicaid Fraud Control Unit (MFCU) correspondence, if applicable
 - 9. Notification of Review or Medical Record Request Letter
 - 10. Information regarding any delay of findings
 - 11. Copy of findings or educational letter (certified mail return receipt card)
 - 12. Provider appeal information, if applicable
 - 13. Response to Appeal Request
 - 14. Copy of Response to Appeal
 - 15. Copy of Credit/Adjustment Request, if applicable
 - 16. All fax or e-mail communication with the provider
 - 17. Any other communication related to the case

Step 3. Maintain case files by adding information, as applicable.

Step 4. Clinical record documentation, abbreviation lists, and signature information received from the provider at the time of the review should be scanned into OnBase.

Step 5. Case files are located in the Reviewer's cubicle in the file cabinet. The appeals files are kept in a locked cabinet located in the Administrative Assistant's workspace.

FORMS/REPORTS:

Reviewer Recommendation and Project Initiation form PI F-102_1

RFP Reference:

6.1.2.2.6

Interfaces:

Other IME Units

Attachments:

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